

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Citizens for Turner

A. Full Name (Last, First, Middle Initial)
Dr. Edward N Hughes M.D.
 Mailing Address 5057 Rolling Woods Trail

City State Zip Code
 Dayton OH 45429-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kettering Hospital

Occupation
 Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M / D D / Y Y Y Y
 03 13 2015

Transaction ID : A-CF22490

Amount of Each Receipt this Period

1000

B. Full Name (Last, First, Middle Initial)
Leo Jardot
 Mailing Address 6316 Old Chesterbrook Road

City State Zip Code
 McLean VA 22101-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Alignment Government Strateg

Occupation
 Executive

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y
 03 09 2015

Transaction ID : A-CF22484

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)
Robert Jensen
 Mailing Address 30 Leisure Court

City State Zip Code
 Cincinnati OH 45241-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self

Occupation
 Dentist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y
 03 13 2015

Transaction ID : A-CF22486

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00